



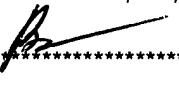
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APPLICANTS					
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** CONTINUING DATA 					
** FOREIGN APPLICATIONS 					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/08/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged  Examiner's Signature  Initials		STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
ADDRESS 27256 ARTZ & ARTZ, P.C. 28333 TELEGRAPH RD. SUITE 250 SOUTHFIELD, MI 48034					
TITLE Image Quality Improvement for SENSE With Low Signal Regions					
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue)		
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